



# EmployeeUPDATE

*Our Mission: The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.*

**A monthly publication for employees of the North Carolina Department of Health and Human Services**

## 2011: A New Year of Challenges and Opportunities

We must face the fact that the world, the nation, and our state are constantly changing. The question is, are we prepared to meet the challenges and take advantages of the opportunities which that change presents?

The work of the Department of Health and Human Services, and all of its divisions and offices, directly or indirectly impacts the lives of every single resident of the State. What we do is very important. Millions of North Carolinians depend upon us. The responsibility and expectation that rests upon the shoulders of the Department make it critically important that we work closely together, dedicated to meeting the challenges and taking advantage of the opportunities of a rapidly changing state.

No doubt, we all recognize that among the Department's greatest challenges



Lanier M. Cansler, Secretary

for 2011 is achieving the necessary budget reductions required to deal with the State's budget deficit. The difficulty in identifying and implementing additional significant reductions is increased by the fact that the effort follows two previous years of substantial budget reductions. The easier cuts

have already been made and implemented. We now face even tougher decisions.

In my meeting with legislative leaders, I am sharing with them some important facts about the Department and our budget. For example, did you know that based upon an analysis of the Department's continuation budget for next year (the starting point for budget reductions), 94.1% of the Department's state appropriations directly provide or purchase healthcare or other services for North Carolinians? Total personnel costs funded with state appropriations, exclusive of staffing for our state facilities, totals only 3.32% of our state funding. All other administrative costs including building leases, utilities, consultants, etc., total only 2.58% of our state funding. Approximately

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72.5% of the Department's budget is from federal funds and almost 79% of the state appropriations are required to match or maintain effort to receive the federal funds. The majority of staff positions within the Department are at least partially funded with federal dollars. Overall, approximately 61% of personnel costs are funded with federal or other non-state appropriations. Bottom line, the necessary budget reductions of potentially as much as 15% of our appropriations cannot be achieved through administrative or personnel reductions. The cuts in state dollars will also likely result in loss of associated federal dollars.

The State's budget challenges will require that we make significant budget reductions. We are looking at both possible service reductions and elimi-

nations. We are considering potential internal Departmental restructuring and reorganizations that may change the way we do business. However, in each case we are attempting to evaluate not only the short-term budgetary impact, but also the longer-term impact on how we do business and our ability to serve the people of North Carolina.

Some of the changes we face will not be easy. Meeting the challenges of change will require some sacrifice and will impact to some degree many of the people we serve. But if we meet these challenges in a thoughtful and dedicated manner, I am convinced we can lay the foundation for an even stronger, more efficient system of care for the future. I am asking every member of the DHHS team to embrace the five values of DHHS Excels (Customer

Focused, Anticipatory, Collaborative, Transparent, and Results Oriented) as we make decisions and implement the changes necessary to successfully meet our challenges of this tough budget year. And as we work through these challenges, I ask that you look for the opportunities. Look for every chance to lay the groundwork for an even stronger system of care and assistance for the future.

I know this is a time of great stress and uncertainty. Until the budget is completed and the final decisions made, we will not know the total impact on the Department, its programs and services, or our employees. I am confident, however, that the DHHS team will continue the tradition of dedication in assisting and caring for the people of North Carolina. ■



Lanier M. Cansler, Secretary

# Mental Health's new direction receives support

Secretary Lanier M. Cansler outlined the state's ongoing efforts to further improve mental health services that DHHS provides in community settings during a media briefing on Jan 7.

The Secretary discussed the rollout of the new Critical Access Behavioral Health Agency (CABHA) that became operational on Jan.1 and replaces the Community Support Program.

"DHHS is continuing to work toward providing the full spectrum of mental health, developmental disabilities and substance abuse treatment programs that will provide services to consumers under a single umbrella agency," Cansler said. "The CABHA program is designed to place greater emphasis on a solid clinical and medical basis for mental health services and to assure and monitor that services that were overused in the past are better managed and controlled."

Accompanying Cansler at the briefing were mental health experts, advocates and educators from across the state who supported DHHS' efforts to improve services, treatment and programs in mental health care.

"As a psychiatrist I am very supportive of the efforts of Secretary Cansler and the Division of MH/DD/SAS to put quality clinical care back at the heart of North Carolina's mental health system," said Dr. John H. Gilmore of the UNC School of Medicine and director of the UNC Center for Excellence in Community Mental Health. "Like any medical illness, psychiatric illness requires that doctors and other mental health care professionals work together to provide patients with state-of-the-art, cost-effective treatment. Strong and active medical leadership are critical for the agencies that we entrust with the care of North Carolina's citizens, especially in a time of tight budgets and hard decisions."

Of the initial 603 applicants to become CABHA providers, 175 have already been approved, assuring the provision of services in every region of the state.

"CABHA is one more component in our efforts to make the best use of our Mental Health financial and human resources," Cansler said. "We will concentrate our efforts and our resources on providing tested and proven 'best practices' of mental health, developmental disability and substance abuse treatment, which are treatments and practices of delivering services with proven track records of working successfully in other programs or states."

CABHA calls for a continuum of service for those who provide certain MH/DD/SAS services as well as the professional, medical and training activities

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Secretary Cansler and Assistant Secretary Beth Melcher, center, are joined by advocates and providers during media briefing on mental health's future in North Carolina.

**Mental Health's new direction,  
continued from page 3**

and oversight. This will allow the state to ensure appropriate care to clients and ensure that services are provided based on solid clinical assessments.

"We want to provide fair compensation to good providers who work diligently to provide genuinely needed MH/DD/SAS services to people who need them. But we are also determined to prevent unscrupulous providers from cheating the system," Cansler said.

CABHA-certified providers will be expected to: demonstrate the qualifications of staff and the training and implementation of evidence-based practices; use data and track clinical trends in order to strengthen clinical oversight and monitoring of their own agencies; and, collaborate with local primary care physicians and LME physicians.

A new video – Guided by Science Grounded by Practice – featuring the stories and experiences of people who are using programs considered "tested and proven 'best practices' of mental health, developmental disability and substance abuse treatment" may be viewed at [www.ncdhhs.gov/mhddsas/index.htm](http://www.ncdhhs.gov/mhddsas/index.htm). ■

## **DHHS Excels Leadership Team holds third retreat**

Approximately 60 members of the DHHS Leadership Team were on hand Dec. 15 as Secretary Lanier Cansler kicked off the department's third DHHS Excels retreat – an opportunity to review accomplishments, brainstorm in small groups and help define important next steps for 2011.

"I can't tell you how proud I am of all the accomplishments since we kicked off DHHS Excels 14 month go," Cansler told the group. "I know this has been added work, but I continue to hear good things from staff around the state as well as from our providers and stakeholders. And, as I meet with new members of the General Assembly, I'm making sure they are aware of all we are doing to make DHHS the best it can be."

Cansler went on to say that he often hears people speak of DHHS Excels as the Secretary's initiative. "I may have expressed the original vision, but it has

taken everyone in this room, and others who are not here, to pull it together, develop the vision and do the hard work to move it along."

He encouraged everyone to have frank and candid discussions about next steps and said he looked forward to a progress report.

In addition to various committee reports, there was a status report on the recent employee engagement survey and a review of goals set at the April meeting.

After taking time to celebrate the accomplished milestones and to recognize the people who served on various committees, facilitator Dr. Lynne Levesque led the group through a brainstorming

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Health Director Dr. Jeff Engel speaks about the importance of workforce knowledge about DHHS Excels goals and objectives.



## Excels Leadership Team retreat, continued from page 4

session, after which small group discussions helped identify major next steps for DHHS Excels. Notes from these sessions were used on a snowy Dec. 16 by the Executive Team and the DHHS Excels Steering Committee to develop a more detailed plan of action for the next six months. ■

— Sandra K. Trivett,  
Special Projects Office



Secretary Lanier Cansler speaks to Excels leadership team.



Deputy Secretary Maria Spaulding shares thoughts on leadership's role in DHHS Excels.



Kathy Gruer, director of HHDS Human Resources, speaks of importance for managers to be role models.



Curtis Crouch from the Controller's Office ponders a response about employee engagement.



Dennis Streets, director of the Division of Aging and Adult Services, emphasizes a need for more clarity around goals and objectives.

- Photos by Jim Jones,  
DHHS Public Affairs

## Survey analysis under way

In late October and November 2010, DHHS conducted an Excels Organizational Values Survey. The purpose of the survey was to measure DHHS organizational values and how they are reflected in the work place. It also provided an indication of awareness of DHHS Excels.

The survey was administered in two ways. Program, services and administrative staff received an electronic survey, and facility-based staff responded via a paper survey administered on-site. Only those people identified via a random sampling process received the survey.

Full data analysis is currently being conducted by the NCSU Center for Urban Affairs and Community Services. Results of that analysis should be available in time for the DHHS Employee Update March edition.

On Dec. 15, Dr. Beth Coberly, a performance evaluation specialist with the Division of Vocational Rehabilitation Services (and a member of the DHHS SurveyMax Data Committee that developed the survey), presented preliminary findings at the DHHS Excels retreat.

Altogether, 5,841 members of the DHHS staff were surveyed. Some preliminary results based on demographic data:

- **nearly 37 percent of those who received the survey responded;**
- **approximately 50 percent of respondents have been with DHHS for greater than 10 years;**
- **77 percent of respondents described themselves as employees (as opposed to manager/supervisor or executive);**
- **70 percent were female;**
- **63 percent were Caucasian;**
- **32 percent were African American; and**
- **57 percent of respondents work in DHHS facilities.**

Preliminary results also indicate that knowledge of DHHS Excels is spreading throughout the department but that general communications needs to be improved.

Another randomized follow-up survey is planned for late spring 2011. ■

*– Sandra K. Trivett,  
Special Projects Office*

# Results of Outreach Session work groups

If you've been reading the DHHS Employee Update newsletter, you know that approximately 1,250 DHHS employees attended the DHHS Excels Outreach sessions around the state.

Nearly everyone who attended took time to complete an evaluation and provide valuable feedback. Take a look back at the November newsletter for a summary of reactions to the Outreach sessions.

Every Outreach session was structured so that participants broke into small groups to address one specific DHHS Value. After discussing what the value meant to them and their work unit, they addressed the following questions: What are barriers to reflecting this value in your workplace? What are ways to overcome these barriers? What good things will result from exhibiting the value?

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## Customer Focused

Regional Sessions	Institution/Facility Sessions
<b>Barriers</b> <ul style="list-style-type: none"> <li>II Paperwork</li> <li>II Resource issues (e.g.: lack of time; travel restrictions; knowledge of resources; budget restraints)</li> <li>II Lack of staff buy-in/staff attitude</li> <li>II Agency's internal policies/regulatory mandates</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>II Lack of money</li> <li>II Long turn-around for hiring</li> <li>II Lack of communication between providers and patients</li> </ul> <p>*There was wide variation in answers to this question. The above responses were mention only twice each. Therefore cautions should be employed in using this result.</p>
<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Management buy-in/support</li> <li>II Collaborate/meet regularly as a team (internally and externally)</li> <li>II Communicate better (internally and externally)</li> <li>II Staff buy-in (accomplish through training, coaching, through personnel processes; "groom" new employees to this standard)</li> </ul>	<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Mechanism to give/get feedback</li> <li>II Improved communication (both within and between departments in a facility, and between the facility and outside agencies)</li> </ul> <p>*There was wide variation in answers to this question. The above responses were mention only three times each. Therefore cautions should be employed in using this result.</p>
<b>Good Things</b> <ul style="list-style-type: none"> <li>II Save money/cost effective</li> <li>II Satisfied customers</li> <li>II Customer's needs are met</li> <li>II Improved job moral/sense of fulfillment</li> </ul>	<b>Good Things</b> <ul style="list-style-type: none"> <li>II Improved customer service</li> </ul>

## Anticipatory

Regional Sessions	Institution/Facility Sessions
<b>Barriers</b> <ul style="list-style-type: none"> <li>II Hard to sell new ideas/change from old ways</li> <li>II Lack of resources (e.g.: budget; staff; retirements, all cause staff to "feel stretched thin")</li> <li>II Management issues (e.g.: not supportive of this; don't involve line workers; Raleigh doesn't listen to those in the field)</li> <li>II Lack of communication (e.g.: both supervisor-to-staff and between agency. Question: what is the best way to communicate with the public?)</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>II Poor communication between management and front-line staff</li> <li>II Negative attitudes/resistance to change</li> </ul>
<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Establish open communication</li> <li>II Streamline processes and paperwork</li> <li>II Proactive accountability</li> <li>II Collaborate across programs, divisions, partners</li> <li>II More training (e.g.: "standardize knowledge base across DHHS so we know what each other does")</li> </ul>	<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Education/training (topics not specified)</li> <li>II Communication between all levels of the facility</li> </ul>
<b>Good Things</b> <ul style="list-style-type: none"> <li>II Meeting client needs/better outcomes</li> <li>II Improved customer service</li> <li>II Improve employee morale</li> <li>II Increased trust from customers/public</li> <li>II Increased efficiency</li> </ul>	<b>Good Things</b> <ul style="list-style-type: none"> <li>II Improved customer/patient care</li> <li>II Positive work environment/morale</li> </ul>

## Results of Outreach Session, continued from page 7

Comments from these small group discussions have been transcribed and sorted by value and are presented to the right in two columns: one for the regional meetings (programmatic, administrative and support staff) and one for the staff at DHHS facilities.

Many thanks to Mike Newton-Ward of the Division of Public Health for taking the time to compile this summary. Mike served on the Outreach committee along with: Beth Allison, DVRS; Megan Lamphere, DHSR; Heather Burkhardt, DAAS; Jack Rogers, DSS; Anna Carter, DCD; and Lori Walston, DHHS Public Affairs. Deputy

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## Collaboration

Regional Sessions	Institution/Facility Sessions
<b>Barriers</b> <ul style="list-style-type: none"> <li>II Funding issues (e.g.: categorical requirements; budget cuts)</li> <li>II System issues (e.g.: chain of command; bureaucracy; organizational structure)</li> <li>II No way to know what each other does</li> <li>II Self preservation (“Letting others in on what you do means they don’t need you anymore.”)</li> <li>II Policies (e.g. HIPAA)</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>II Competition/mistrust between both disciplines and departments</li> <li>II Lack of communication</li> <li>II Characteristics of managers (e.g., intimidating, come in with mind made up, don’t solicit input from staff)</li> </ul>
<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Open communication</li> <li>II Create interagency teams to interact on a regular basis</li> <li>II Education/orientation about other groups</li> </ul>	<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Improved communication (e.g., listening to others, management seeking input from staff, staff seeking input from each other)</li> </ul>
<b>Good Things</b> <ul style="list-style-type: none"> <li>II Better use of funds</li> <li>II Improved services for clients</li> <li>II Improved employee morale/job satisfaction</li> </ul>	<b>Good Things</b> <ul style="list-style-type: none"> <li>II Improved employee morale</li> <li>II Improved patient care (Employees would feel more valued and appreciated)</li> </ul>

## Transparent

Regional Sessions	Institution/Facility Sessions
<b>Barriers</b> <ul style="list-style-type: none"> <li>II Fear of change</li> <li>II Policies and procedures</li> <li>II Time constraints</li> <li>II Technology issues (e.g.: access to technology by both agency and clients; computers breaking down)</li> <li>II Fear of retaliation or repercussions/fear of making mistakes</li> <li>II Issues regarding supervisor, change of command, management (e.g.: “They get information and keep it;” not supportive of sharing; need to model this)</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>II Communication (between staff and between shifts. Also mentioned that not all staff have e-mail.)</li> </ul>
<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Leadership support by modeling and giving permission</li> <li>II Cross-cutting teams (across disciplines, programs, agencies) to break down silos</li> <li>II Better utilize technology (e.g.: webcams; conference calls; webinars; Outlook calendars; user-friendly websites)—Caveat: do customers have Internet access?</li> </ul>	<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Better communication (between managers and their next level down, and between staff and patients)</li> </ul>
<b>Good Things</b> <ul style="list-style-type: none"> <li>II Increased customer satisfaction</li> <li>II Increased trust from the community</li> <li>II Increased productivity/effectiveness</li> <li>II Improved employee morale/work environment</li> <li>II Better collaboration, internally and externally</li> </ul>	<b>Good Things</b> <ul style="list-style-type: none"> <li>II Improved morale</li> <li>II Better working environment</li> </ul>



Results of Outreach Session, continued from page 8

Secretary Maria Spaulding chaired the committee, and it was staffed by her administrative assistant, Amanda Parks.

Thanks also to all the other DHHS staffers who helped with on-site arrangements and registration. Without your help these important sessions would not have happened! ■

– Sandra K. Trivett,  
Special Projects Office

Results Oriented	
Regional Sessions	Institution/Facility Sessions
<b>Barriers</b> <ul style="list-style-type: none"> <li>II Resource issues (e.g.: time; budget; can't pay for performance; transportation)</li> <li>II Technology (e.g.: continually changing, hard to keep up; need more IT resources; "External clients are technologically more advanced, rendering DHHS results too slow.")</li> <li>II Communication</li> <li>II Bureaucratic system (e.g.: paperwork; inflexible regulation; difficulty contracting and spending; keeps some services from being delivered in a timely manner to customers in need)</li> </ul>	<b>Barriers</b> <ul style="list-style-type: none"> <li>II Lack of communication</li> </ul>
<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II Practice good communication</li> <li>II Team building/team work</li> <li>II Create ways to show appreciation to employees</li> <li>II Improve technology</li> <li>II More training (e.g.: updates on current regulations; reminders of old regulations—"not just an e-mail from three years ago;" ensure new employees know regulations)</li> </ul>	<b>Ways to Overcome Barriers</b> <ul style="list-style-type: none"> <li>II More communication (including better follow-up, consistency between shifts, having regular times, methods and sites to meet)</li> </ul>
<b>Good Things</b> <ul style="list-style-type: none"> <li>II Increased customer satisfaction</li> <li>II Increased employee satisfaction</li> <li>II Healthier, happier population</li> <li>II Cost effective programs/good use of taxpayer's funds</li> </ul>	<b>Good Things</b> <ul style="list-style-type: none"> <li>II Improved service to customers</li> <li>II Increased moral</li> <li>II Better work environment</li> </ul>

## Comments, questions and suggestions are welcome

We value the feedback of all DHHS employees and encourage you to communicate your comments, questions and suggestions regarding DHHS Excels by using our confidential DHHS Excels e-mail mailbox. Please send your questions to [DHHSExcels@dhhs.nc.gov](mailto:DHHSExcels@dhhs.nc.gov). All submittals are treated with confidentiality. ■

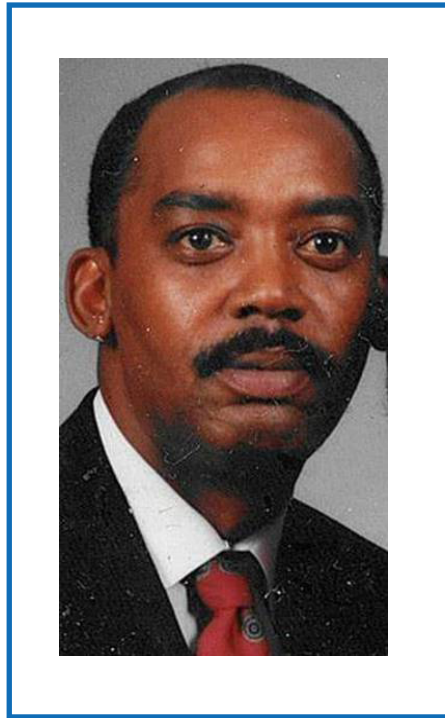
# **Larkins Award presented posthumously to Antonio Coor**

Antonio Coor was named by Gov. Beverly Perdue the 2011 recipient of the John R. Larkins Award at the annual State Employees' Martin Luther King, Jr. observance on Jan. 14.

The Larkins Award is one of the highest honors given to state employees for outstanding contributions in improving human relations and race relations in state government and in the community.

Coor was recognized posthumously for his distinguished service on behalf of some of North Carolina's most troubled children; for his ability to bring people together with diverse perspectives to work in the best interests of troubled children; and for his longstanding community service through Omega Psi Phi Fraternity, Special Olympics of North Carolina, the Garner Road Community Center and the YMCA of Northwest North Carolina.

Coor worked as a program consultant for Managing Access for Juvenile Offender Resources and Services (MAJORS) on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services Justice Innovations Team. He was a person with extraordinary talent and skill in mediating conflicts with humility, and respect for others, regardless of differences in opinion, race, ethnic background,



Antonio Coor

or perspective. Many of Coor's colleagues say that he taught them their best lessons in race relations.

As chairman of the Social Action Committee for the Sixth District of Omega Psi Phi Fraternity, Coor led his fraternity's focus on health, housing, civil rights, education and Boys Camp. For over 20 years, he directed the Boys Camp for the Sixth District. At some of the camp sites, this was the first time African-American youth used the facility or had the opportunity to experience the life skills associated with camping.

Coor was committed to doing good, quietly and without fanfare. Mike Watson, DHHS Deputy Secretary for Health Services, said, "The Bible story of the Good Samaritan who stopped along the way to help a fellow man was also Antonio's story as he labored to make his part of the world a kinder and better place." Charles Davis, the state director of North Carolina Mentor, described Coor as having a Will Rogers personality – he never met a person he didn't like or that didn't like him.

During 2010, even as his health declined, he persevered and gave of his time and talents unselfishly. He organized and facilitated the Youth Leadership Conference July 22 – 24 at the 76th International Conclave of Omega Psi Phi and he was in charge of Boys Camp at Camp Hanes Aug. 8 – 13. He fought a valiant fight to the end. He passed on Nov. 8.

Coor was nominated for the Larkins Award by DMH/DD/SAS Director Steve Jordan. The many letters received in support of his nomination attest to the impact of Antonio's life and how much he is missed by his friends and colleagues. In accepting the Larkins Award, Antonio's wife, Nancy, expressed appreciation to the State of North Carolina for honoring her husband's contributions and legacy with such a special recognition. ■

# DHHS Directive III-8, Employee Grievance Policy Revision Notification

Please be informed that the revisions to the DHHS Directive III-8, Employee Grievance Policy, were approved by the State Personnel Commission (SPC) at its October 21, 2010 meeting. The revised policy is effective March 1, 2011. The substantive changes to the policy are listed below for your information. The Secretary's Directives may be accessed at: <http://info.dhhs.state.nc.us/olm/manuals/oos/dir/man/index.htm>. You may contact your Human Resources Office if you have any questions.

The substantive changes are as followed:

1. Aligns the Directive with the DHHS Reduction-in-Force (RIF) policy. (Page 2, #7(G))
2. Clarifies that the RIF priority consideration (prior to separation) and reemployment consideration (after separation) are handled in accordance with the DHHS RIF policy. (Page 2, #7(H))
3. Clarifies that filing an unlawful workplace harassment (UWH) complaint doesn't extend the filing deadline for filing a grievance under Directive III-8. (Page 3, #8(F))
4. Limits the number of participants allowed in a grievance meeting (i.e., grievant, supervisor/director, one management representative, and a Human Resources staff observer). (Page 5, Step 1(E) and Page 6, Step 2(B))
5. Adds a 5:00 p.m. deadline for filing grievances at Steps 2 and 3. (Page 5, Step 2(A) and Page 6, Step 3(B))
6. Authorizes the Hearing Officer to conduct the Step 3 hearing by remote video-conference at the Hearing Officer's discretion. (Page 9, #7(b))
7. Gives the Hearing Officer the discretion on whether or not to record the Step-3 hearing. (Page 9, #7(d))
8. Adds information regarding the Office of Administrative Hearings (OAH) filing fees for petitions for contested case hearings. (Page 12, Paragraph #4)
9. Clarifies that DHHS Form 0660 (grievance filing form) IS NOT used for filing unlawful workplace harassment complaints. (Page 13, Employee Grievance Form)
10. Clarifies the length of disciplinary suspensions without pay for employees subject to and exempt from the Fair Labor Standards Act (FLSA). (Page 15, #3)
11. Throughout the document, "institution" was changed to "facility" and "school" was added to references to DHHS units. ■

# Leave changes effective Jan. 1, 2011

**The following incorporate changes to leave policies for state employees that are effective Jan. 1, 2011.**

## Voluntary Shared Leave (VSL)

[www.osp.state.nc.us/manuals/2002/VoluntarySharedLeave.pdf](http://www.osp.state.nc.us/manuals/2002/VoluntarySharedLeave.pdf)

A non-family member of a State agency may donate sick leave to a nonfamily member of a State agency under the following provisions effective January 1, 2011:

- The donor shall not donate more than five days of sick leave per year to any one nonfamily member;
- The combined total of sick leave donated to a recipient from a nonfamily member donors shall not exceed 20 days per year;
- Donated sick leave shall not be used for retirement purposes, and
- Employees who donate sick leave shall be notified in writing of the State retirement credit consequences of donating sick leave.

Advisory Note: At retirement a member of the Teachers' and State Employees' Retirement System with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.

## Vacation Leave

[www.osp.state.nc.us/manuals/manual99/Vacation%20Leave.pdf](http://www.osp.state.nc.us/manuals/manual99/Vacation%20Leave.pdf)

Below are Vacation Leave changes that went into effect January 1, 2011:

- Combines the 0-2 years with 2 but less than 5 years to create a less than 5 years category.
- Increases the annual accrual rate by 2 hours per year for each of the years of total state service category.

## Vacation Leave Accrual, EFFECTIVE JAN. 1, 2011

Years of Total State Service	Hours Granted Each Month	Hours Granted Each Year	Days Granted Each Year
Less than 5 years	9 hrs. 20 mins.	112	14
5 but less than 10 years	11 hrs. 20 mins	136	17
10 but less than 15 years	13 hrs. 20 mins.	160	20
15 but less than 20 years	15 hrs. 20 mins.	184	23
20 years or more	17 hrs. 20 mins.	208	26



# DVRS cites three for leadership, customer service, creativity

The N.C. Division of Vocational Rehabilitation Services recently honored staff members in Charlotte, Greenville and Raleigh with its ninth annual "VR All-Star Awards." The three were chosen from 10 recipients of the division's regional "Superstar Awards." The categories and statewide winners are:

**Leadership** – Billy Ross, unit manager of the agency's Greenville office, was cited for outstanding achievement in leadership. The award praises Ross for his "patience, fairness and ability to remain calm and optimistic during challenging times" and for being "an effective, supportive and motivating supervisor who is always there when you need him."

**Customer Service** – Connie Rhynes, a human resource consultant in the agency's Raleigh headquarters, was recognized for her customer service. The award cites her "outstanding

breadth and depth of knowledge," an attitude that is "respectful, compassionate and supportive" and an "accurate, upbeat and soothing approach to her customer's needs and questions."

**Creativity** – Tania Bowers, a rehabilitation counselor in the Charlotte office, was praised for her creativity. The award honors Bowers for spearheading peer-support training to benefit clients with mental health issues, for her work to improve long-term vocational supports for this clientele and for her

willingness to use non-traditional approaches to achieve her goals.

Employee volunteers manage the awards program in which agency staff nominate and vote on their co-workers.

Division Director Linda Harrington congratulated the recipients "on achieving the greatest honor this agency bestows. You have been honored by your co-workers as 'the best of the best.'"

Deputy DHHS Secretary Maria Spaulding keyed the awards presentation. Secretary Lanier M. Cansler congratulated the recipients by letter, saying that the division's work "is an integral part of the department's mission to serve the people of North Carolina, especially those with disabilities. The contributions for which you've been recognized are indispensable in carrying out that work." ■



Left to right: Connie Rhynes, Billy Ross and Tania Bowers are DVRS All Stars.

– Ed Bristol,  
Division of Vocational Rehabilitation Services

# First year's result: N.C. smoke-free law cuts secondhand smoke exposure

At its one-year anniversary, North Carolina's smoke-free restaurants and bars law has successfully reduced worker and patron exposure to secondhand smoke.

"The law is protecting North Carolinians from the health hazards of secondhand smoke, and that will have a lasting impact on the health of our citizens," said State Health Director Jeff Engel, M.D. "Secondhand smoke has been linked to heart disease, cancer, respiratory infections and asthma."

The Surgeon General's report released last month emphasizes the harmful effects of secondhand smoke, reporting that even short-term exposure to tobacco smoke can cause changes that can trigger a heart attack or stroke in someone with heart disease or asthma attacks in those with respiratory conditions.

Restaurant and bar workers report improved health since the law went into effect. Robert Nixon, owner of Jackalope Jacks in Charlotte, said his whole staff is healthier. "They aren't sick as much," Nixon said. "And I know I feel better, because I don't inhale smoke anymore."

In 2008, the N.C. Behavioral Risk Factor Surveillance System found that 7.8 percent of North Carolina adults surveyed said they had been exposed to secondhand smoke at work every day during the past week. For the first nine months of 2010, preliminary data show that only 4.3 percent of North Carolina adults are now exposed to secondhand smoke daily at work since the smoke-free law went into effect.

"Compliance with the law has been excellent, with the vast majority of res-

taurants, bars and lodging facilities co-operating fully, thanks to the hard work of local health departments around the state," Engel said. "The number of complaints we are receiving now about non-compliance is very small."

By the end of November, the state had received 1,343 complaints involving 874 facilities since the law went into effect on Jan. 2. There were 538 complaints made in January, but only 37 in November, with the monthly number dropping steadily early in the year.

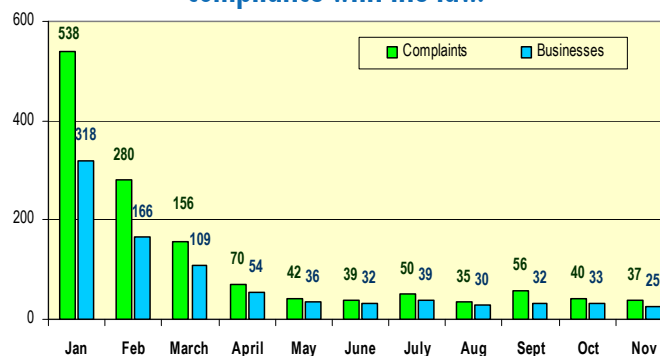
Staff at the Tobacco Prevention and Control Branch and other partners in the Division of Public Health are gathering data to assess the law's impact on health and the economy. Data from these studies is expected later this year. ■

## Resources/additional information:

### Smoke Free N.C.

<http://tobaccopreventionandcontrol.ncdhhs.gov/smokefreenc/>

**Chart of monthly statewide number of complaints about compliance with the law.**



\* Monthly statewide number of complaints reporting a business with a potential violation of the law

\*\* Monthly statewide number of businesses named in one or more complaint(s) of a potential violation of the law

— Julie Henry, DHHS Public Affairs

# Medicaid demonstration project brings institution residents home

A Division of Medical Assistance (DMA) demonstration project has enabled 70 long-time residents in long-term care facilities to move back home and still receive services.

The North Carolina Money Follows the Person (NC-MFP) Demonstration Project works to support eligible Medicaid recipients who are older adults or have disabilities to transition from inpatient facilities into their own homes and communities. “With continued commitment to the project at both the federal and state level, we are optimistic that our transition numbers will continue to increase,” said project director Trish Farnham.

NC-MFP works closely with stakeholders representing the aging, physical disability and developmental disability communities. Their efforts range from identifying individuals who can live outside an institutional setting, to creating and strengthening options in providing long-term care. NC-MFP also works to identify barriers to transitioning, and collaborates with other state and community partners to ad-

dress these barriers – from regulations to an individual’s finances. For the latter, the project can cover expenses such as security deposits, furnishings or accessibility improvements.

DMA Director Dr. Craig Gray said that as North Carolina creates “a stable, cost-effective, long-term care service delivery system,” the NC-MFP project serves as “an instrument of learning and catalyst for systems change. In this difficult economic climate, NC-MFP will serve as one of DMA’s primary vehicles for transitioning residents of long-term care facilities back into their homes and communities.”

North Carolina is one of 29 states and the District of Columbia whose Medicaid agencies received grants from the federal Centers for Medicare and Medicaid Services (CMS) to find viable alternatives to nursing homes, psychiatric hospitals and developmental disability centers. Federal Medicaid officials, mandated by the Deficit Reduction Act of 2005 to de-emphasize institutional care, funded the MFP Demonstration Projects to facilitate

de-institutionalization efforts and to address systemic barriers to home and community-based services. To provide conceptual and operational flexibility, CMS allowed demonstration states to waive certain Medicaid regulations and restrictions that would prevent long-term care needs from being met in a home - or community-based setting.

North Carolina’s MFP project received CMS operational approval in June 2008. As of December 2010, it had moved 70 inpatient facility residents into either their own home, a family member’s home or a small group home (up to four residents). The project’s benchmark goal is 366 transitions by 2013, with expanded transition goals from 2014 through 2019.

Success in human services isn’t solely measured by numbers, of course. According to one family member of an NC-MFP participant, “This project has been a blessing to our family.”

For more information on the Money Follows the Person project, log onto [www.mfp.ncdhhs.gov](http://www.mfp.ncdhhs.gov). ■

– Brad Deen, DHHS Public Affairs

# Barnes receives Askew Award

## Recognized as outstanding participant in Certified Public Manager Program

Tammy Barnes, regulatory services section chief at the Division of Child Development (DCD) and a recent graduate of the Certified Public Manager (CPM) Program received the Askew Award at the conclusion of the program.

The award is given at the graduation ceremony for CPM participants to acknowledge the efforts of one participant who demonstrated exemplary work in the completion of their CPM projects.

Barnes' CPM project was related to providing more consistency across the state when citing violations of child care requirements at licensed child care centers.

DCD is the agency that regulates child care in North Carolina. They are mandated to protect children in child care facilities by ensuring that these facilities provide a physically safe and healthy environment where the developmental needs of children are met and where children are cared for by qualified persons of good moral character.



Deputy Secretary Maria Spaulding, left, shares the moment with Tammy Barnes upon her completion of the Public Manager's Program.

Barnes is responsible for the oversight of 199 employees, including approximately 160 field staff. The primary function of the regulatory services section are to monitor child care, investigate complaints of child abuse/neglect and failure to meet child care requirements, and provide technical assistance and consultation to child care operators and their staff.

Barnes' project creates an opportunity to improve the quality of work delivered to the child care customers. The project also provides an opportunity to ensure the state licensing process is fair and that constituents can depend on the validity of the star rated licenses.

The plan of action to improve consistency included methods of improved communication within the agency and with the customers, a better system of accountability, increased training opportunities for agency staff, and development of better resources so that agency staff has the tools needed to be successful in their jobs.

Implementing this plan of action will create a more knowledgeable and confident work force in the regulatory services section in DCD. As a result, consistency in the citation of violations of child care requirements across the state should greatly improve.

— Lori Walston, DHHS Public Affairs



## DHHS teams place first in 'Appalachian Trail walk'

How long is the Appalachian Trail? Ask any of 87 teams from the Department of Health and Human Services who completed it and they may know by now. It is 2,179 miles from Springer Mountain, Ga., to Mount Katahdin, Me.

They *should* know – they out-paced state employees from other departments last fall to capture first place accolades in all three classes based on physical demands of their jobs and their average physical activity levels: tortoise, hare and super hare. The winning teams are all from the Division of State Operated Facilities: the Murdoch Center, Cherry Hospital and the J. Iverson Riddle Center.

DHHS Wellness Director Suzanna Young said one of her biggest challenges in coordinating participation in the competition was finding enough pedometers so participants could keep count of all their steps. She is hoping that the interest generated by the trail walk will result in more participation this year. "What I would like to see is each team to split and recruit five more people each – that would really multiply and increase our participation," she said.

Employees from 17 DHHS agencies and facilities around the state formed 117 teams to compete in the Appalachian Trail Walking Challenge for state employees that ran from Sept. 13 to Nov. 11.



**Cherry Hospital Firecracker Team**

Left to right: Ken McLaurin, Pat Williams, Isabella Reid, Team Captain Shung-Fung Chin, Mat Dobson, Eugenia Aldridge, and Joyce Andrews. Not pictured: Bobbi Jackson, Nate Truzy and Veronica Brown.



**J. Iverson Riddle Center Mulberry Madness Team**

Left to right: Team Captain Dianna Smith, Diane Johnson, Tim White, Todd Drum, Amanda Cannon, Angie McCormick, Kevin Jensen, Brian Cotton and Tonya Phillips. Not pictured: Angela Moody.

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**DHHS teams place first in 'Appalachian Trail walk', continued from page 17**



**Murdoch Center Pacemakers A Team**

Left to right, front, Mary Southerland and Billie Akers; standing, George Foster, Barbara Geercken, Kadijra Green, Queen Williams and Gloria Wilson. Not pictured, Ricky Hart, Iago Tucker and Libby Gutshall.

The Challenge was sponsored by the State Employees' Healthy Living, Healthy Life Program in the Office of State Personnel. A total of 1,540 state employees registered on 189 initial teams. Teams were to have 10 members, but smaller teams could also participate.

The challenge to walk the distance of the Appalachian Trail in 60 days was promoted and teams were coordinated within the department by the DHHS Wellness Program to encourage employees to increase their levels of physical activity. As in the spring Office of State Personnel walking challenge, more than half of all the teams participating in the statewide challenge were from DHHS.

Challenge participants used pedometers to log their walking or running steps

and reported weekly totals to their team captains who charted the team's progress on "traveling" the Appalachian Trail from Georgia to Maine.

At the end of the 60 days Young announced that 87 DHHS teams had completed the Challenge, reporting a total of 156,885 miles. DHHS teams walked enough miles to travel around the earth six times! The top teams averaged seven to more than eight miles a day per member.

The Wellness Program submitted DHHS team miles to the Office of State Personnel to compete among the total of 158 teams that successfully completed the challenge from all state agencies and universities completing the Challenge. Ruth Barlow, State Wellness coordinator, announced Challenge winners on Jan. 13 sharing the exciting

news that DHHS teams in first place for the department also were first-place statewide winners in all three classes.

First, second, and third winning teams in each class will receive a traveling trophy from OSP and certificates will be awarded to the top 10 teams in each class. Barlow, in extending congratulations to the winning DHHS teams, added, "a very special thanks for the enormous participation and leadership from DHHS, and bravo to Suzanna Young and DHHS teams for such a great showing in this event."

Young, in congratulating the outstanding achievement of the top winners, noted the large number of DHHS teams logging impressive numbers of miles during the 60-day Challenge. In addition to winning top honors, 22 of the top 30 teams statewide, were from DHHS. A majority of the top DHHS teams were from one of the DHHS hospitals or developmental centers.

At the end of the 60 days, many employees reported enjoying the challenge adding that joining a team was a fun way to get more exercise every day. The DHHS Wellness Program is encouraging all DHHS employees to consider joining their co-workers in the spring walking challenge planned for April. Information about the next challenge will be shared with agency and facility wellness representatives in the coming months.

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# Top State 'Appalachian Trail walk' Employee Challenge Teams

TORTOISE CLASS	
1.DHHS Cherry	Fire Crackers
2.NCDENR	Walkin' Wahoos
3.NCDENR	Barnacles
4.Treasury Dept	Walking on Empty
5.DHHS CRH	4-Risky Bunch
6.DHHS CRH	8-CAU Cruisers
7.DHHS DPH	Truck-N-Tortoises"
8.DHHS DPH	Tortoise Power
9.DHHS DMA	Mountain Decimators
10.Treasury Dept	Long May You Walk
HARE CLASS	
1.DHHS Riddle	Mulberry Madness
2.DHHS Riddle	Draggin Tails
3.UNC-C	The Striders
4.DHHS CRH	3-Honey Buns of Steel
5.DHHS Cherry	Walk This Way #1
6.DHHS Murdoch	Psychology Speedsters
7.DHHS Murdoch	Woodside Woodpeckers
8.DHHS Cherry	Road Runner Express
9.UNC-C	Frappuccino Express
10.DHHS Murdoch	Sole Sisters
SUPER HARE CLASS	
1.DHHS Murdoch	Pacemakers A
2.DHHS CRH	10-Mad Hatters
3.DHHS CRH	7-Rockin Record Techs
4.OSP	Pavement Crushers
5.DHHS Cherry	Dolphin Steppers
6.DHHS CRH	15-CTU Express
7.ECU	Walking the Plank
8.DHHS Murdoch	Pacemakers B
9.DHHS DHSR	Jan Brickly's Team
10.DHHS Caswell	We Do It @ 4MPH

– Suzanna Young, DHHS Wellness Coordinator